## Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

## SCHEDULE J-2 (Form 990)

## **Continuation Sheet for Form 990**

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization Employer Identification number

| Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees |  |               |                                |                               |         |              |                              |        |  |  |  |
|--|--|---------------|--------------------------------|-------------------------------|---------|--------------|------------------------------|--------|--|--|--|
| (A)  |  | (B)           |                                |                               | (C)     |              |                              |        | (D)  | (E)  | (F)  |
| Name and Title   |  | Average hours | Positi                         | sition (check all that apply) |         |              |                              | ply)   | Reportable   | Reportable   | Estimated  |
|  |  | per week      | Individual trustee or director | Institutional trustee         | Officer | Key employee | Highest compensated employee | Former | compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
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